

POSITION <i>COI</i>	INITIALS <i>MAH</i>	ID NO. <i>845</i>	DATE <i>9-10-98</i>
FEE DETERMINATION	<i>B.H</i>	<i>60245</i>	<i>6-18-98</i>
O.I.P.E. CLASSIFIER		<i>1/1</i>	<i>6/23/98</i>
FORMALITY REVIEW	<i>1/1</i>	<i>9/16/98</i>	<i>9/1/98</i>

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	9/9/98	
2	✓	9/20/98	
3	✓	12/15/98	
4	✓	1/21/99	
5	✓	6/1/02	
6	✓	11/14/03	
7	✓		
8	✓		
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49	✓		
50	✓		

Claim	Final	Original	Date
51	✓	6/1/02	
52	✓	11/4/02	
53	✓		
54	✓		
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100	✓		

Claim	Final	Original	Date
101	✓	6/1/02	
102	✓	11/4/02	
103	✓		
104	✓		
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150	✓		

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE) **BEST AVAILABLE COPY**